

Wayne Radiology Center

NPI: 1063172476

516 Hamburg Tpke, Ste 6, Wayne, NJ 07470
Scheduling Hotline: 973.720.0050
Fax: 888.455.2577
Email: wayne@njmri.com

3T HIGH FIELD WIDE BORE OPEN MRI • 64 SLICE LOW DOSE CT-SCAN • DIGITAL MAMMOGRAPHY • ULTRASOUND

WALK IN: ULTRASOUND / X-RAY / DEXA / MAMMOGRAPHY

☐ Films

☐ CD

☐ Online Access

☐ Call Stat Report TEL. _____

PATIENT NAME _____ DOB _____ TEL. _____

ICD-10 CODES REQUIRED _____

Medicare and other insurances require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. Rule out, Possible or Probable Conditions cannot be coded. (As per Medicare Policy Part B Bulletin)

PHYSICIAN'S NAME _____ TEL. _____

PHYSICIAN'S SIGNATURE _____

DATE _____

Original Signature Only (Signature Stamp not allowed)

I hereby certify that the exam(s) ordered on this form is/are medically necessary to manage the care of the patient.

3T WIDE BORE MRI

☐ WITH AND WITHOUT CONTRAST

☐ WITHOUT CONTRAST

HEAD

- ☐ Brain(routine)
- ☐ Brain(seizureprotocol)
- ☐ Brainwith DTI
- ☐ IAC'S
- ☐ Orbits(opticnerve)
- ☐ Pituitary Gland (w/wo contrast)
- ☐ Sinuses
- ☐ TMJ

SPINE

- ☐ Cervical Level: _____
- ☐ Thoracic Level: _____
- ☐ Lumbar Level _____
- ☐ Pelvic Bone(w/sacrum/coccyx)

CHEST/BODY

- ☐ Neck (soft tissue)
- ☐ Breast MRI with CAD
(bilateral) w/wo contrast

ABDOMEN

- ☐ Abdomen w/o contrast
- ☐ Abdomen w/wo contrast
- ☐ MR Urogram (no contrast)

PELVIS

- ☐ Pelvis w/o contrast
- ☐ Pelvis w/wo contrast
- ☐ Male Pelvic Bone
- ☐ Female Pelvic
- ☐ Prostate with Multiparametric 3D
(no endorectal coil needed) w/wo Contrast

MR ANGIOGRAM

- ☐ Carotids
- ☐ Cerebral
- ☐ Renals
- ☐ Aorta
- ☐ Lower Extremities Runoff
(includes Abdomen, Pelvis,
Lower Extremities)
- ☐ Upper Extremities Runoff
(Chest, Arm, Forearm, Hand)
- ☐ MRCP

MR VENOGRAPHY

- ☐ Abdomen
- ☐ Pelvis
- ☐ Chest
- ☐ Neck
- ☐ Cerebral

EXTREMITIES

- ☐ Shoulder ☐ L ☐ R ☐ B
- ☐ Elbow ☐ L ☐ R ☐ B
- ☐ Wrist ☐ L ☐ R ☐ B
- ☐ Hand ☐ L ☐ R ☐ B
- ☐ Hip ☐ L ☐ R ☐ B
- ☐ Thigh ☐ L ☐ R ☐ B
- ☐ Knee w/ mapping ☐ L ☐ R ☐ B
- ☐ Lower Leg ☐ L ☐ R ☐ B
- ☐ Ankle ☐ L ☐ R ☐ B
- ☐ Foot ☐ L ☐ R ☐ B

MRI ARTHROGRAM

- ☐ Shoulder ☐ L ☐ R ☐ B
- ☐ Elbow ☐ L ☐ R ☐ B
- ☐ Wrist ☐ L ☐ R ☐ B
- ☐ Hip ☐ L ☐ R ☐ B
- ☐ Knee ☐ L ☐ R ☐ B
- ☐ Ankle ☐ L ☐ R ☐ B

64 SLICE CT-SCAN LOWEST RADIATION DOSE

- | | with & w/o | w/o |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Brain w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pituitary w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Orbits w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Temporal Bones/IAC w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sinuses w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sinuses w/Landmark Protocol | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Neck-Soft Tissue w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lung w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Chest w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Abdomen/Pelvisw/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pelvis w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cervical Spine w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thoracic Spine w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lumbar Spine w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Extremities w/3D | <input type="checkbox"/> | <input type="checkbox"/> |

CT-ANGIO

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> CTA Head | <input type="checkbox"/> CTA Pelvis |
| <input type="checkbox"/> CTA Carotid | <input type="checkbox"/> CTA Upper |
| <input type="checkbox"/> CTA Chest | <input type="checkbox"/> CTA Lower |
| <input type="checkbox"/> CTA AbdomenAorta | <input type="checkbox"/> CTA Aorta |

ULTRASOUND / SONOGRAPHY

- ☐ Abdomen/Retroperitoneum w/Doppler
- ☐ Female Pelvis/Transabd/Transvag w/Doppler
- ☐ OB Sono 1st Trimester w/Doppler
- ☐ OB Sono Targeted w/Doppler
- ☐ OB Sono BPP Limited Scan
- ☐ Male Pelvis/Transabd w/Doppler
- ☐ Thyroid w/Color Mapping
- ☐ Breastw/Color Mapping
- ☐ Testicularw/Doppler
- ☐ Extremity
- ☐ Elastography
- ☐ Other _____

VASCULAR DOPPLER

- ☐ LE - (Lower Extremity) - Arterial ☐ L ☐ R ☐ B
- ☐ UE - (Upper Extremity) - Arterial ☐ L ☐ R ☐ B
- ☐ LE - Venous ☐ L ☐ R ☐ B
- ☐ Carotid
- ☐ Vertebral w/Limited Intracranial Imaging
- ☐ Abdominal Vasculature
- ☐ Other _____

DIGITAL X-RAY

- ☐ Skull
- ☐ Orbits ☐ RT ☐ LT
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ ParanasalSinuses
- ☐ Nasopharynx/Soft Tissue Neck
- ☐ Cervical Spine
- ☐ ThoracicSpine
- ☐ Lumbar Spine
- ☐ Pelvis
- ☐ Sacrum/Coccyx
- ☐ SI Joints
- ☐ Shoulder ☐ RT ☐ LT
- ☐ Scapula ☐ RT ☐ LT
- ☐ Clavicle ☐ RT ☐ LT
- ☐ Chest PA/LAT
- ☐ Ribs ☐ RT ☐ LT
- ☐ Sternum
- ☐ Arm/Humerus ☐ RT ☐ LT
- ☐ Elbow ☐ RT ☐ LT
- ☐ Forearm ☐ RT ☐ LT
- ☐ Wrist ☐ RT ☐ LT
- ☐ Hand ☐ RT ☐ LT
- ☐ Finger ☐ RT ☐ LT
- ☐ Abdomen - KUB
- ☐ Abdomen- Flat/Upright
- ☐ Hip ☐ RT ☐ LT
- ☐ Knee ☐ RT ☐ LT
- ☐ Tibia/Fibula ☐ RT ☐ LT
- ☐ Ankle ☐ RT ☐ LT
- ☐ Heel/Calcaneous ☐ RT ☐ LT
- ☐ Foot ☐ RT ☐ LT
- ☐ Toe ☐ RT ☐ LT
- ☐ Skeletal Survey
- ☐ Scoliosis Series
- ☐ Other _____

DIGITAL MAMMOGRAPHY

- ☐ Screening
- ☐ Diagnostic ☐ RT ☐ LT
- ☐ Unilateral

DEXA (Osteoporosis)

- ☐ Bone Mineral Density
- ☐ Vertebral Fracture Assessment

ECHOCARDIOGRAPHY

- ☐ Echocardiography w/Color
Doppler & Velocity Mapping

SPECIAL INSTRUCTIONS & DIAGNOSTIC PROCEDURES NOT LISTED: _____

🔔 24 hour notice required for cancellation or changes to your appointment

www.wayneradiology.com

PATIENT INSTRUCTIONS

MRI / MRA (Magnetic Resonance Imaging)

Please inform us if you have any of the following:

- Surgical vascular clips
- Neurostimulators
- Cochlear Implants
- Breast Tissue Expander
- IVC Filter
- Penile Implants
- Sliver backed dermal patches

Do not wear eye make-up.

Music available during the examination.

PATIENTS WITH:

- Pacemakers
- Cerebral Aneurysm Clips
- Ferrometallic Implants

CAN NOT HAVE AN MRI EXAM PERFORMED.

BREAST MRI:

Has to be done between the 7th and 14th day after the menstrual cycle.

CT-SCAN:

Nothing to eat or drink 8 hours prior to the exam except water.

Must pick up barium bottles from our office prior to the actual day of the exam. Drink 1 bottle before bedtime and half a bottle 1 hour before exam.

BUN _____ CRE _____ eGFR _____

DATE OF BLOOD WORK: _____

Asthmatic or Allergic Patients, please pre-medicate.

Diabetic Patients needing contrast, please alert our office at the time of your appointment.

THERE IS SPECIAL PREPARATION FOR ABDOMINAL MRI AND PELVIC MRI:

Nothing to eat or drink 4 hours until the exam.

MRCP:

Nothing to eat or drink 6 hours prior to the exam.

ABDOMINAL SONOGRAM:

Nothing to eat or drink for 8 hours prior to exam.

OB AND PELVIC SONOGRAM:

30 minutes before exam drink 4 large glasses of water.

Do not empty bladder, full bladder required.

DIGITAL MAMMOGRAM:

Do not use powder, deodorant or perfume on the underarms or breast area on the day of the exam. Bring previous mammogram films.

DEXA:

No calcium pills, vitamins with calcium or dairy products on day of exam.

No nuclear medicine studies or contrast studies day before exam.

⚠ ATTENTION ALL PATIENTS:

- Please wear loose and comfortable clothing when coming in for your diagnostic exam.
- Please try not to bring any valuables when arriving for your diagnostic exams.
- Attention patients, please bring all related results and copies of studies performed.

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